NWPA-126118933 SERFF Tracking Number: State: Arkansas Filing Company: Nationwide Life Insurance Company State Tracking Number: 42130

Company Tracking Number: VLO-0790-M2

TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium

Product Name: Individual Flexible Premium Adjustable Variable Universal Life Insurance Policy

Enhancement Benefit Correction Refie/VLO-0790-M2 Project Name/Number:

## Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Individual Flexible Premium SERFF Tr Num: NWPA-126118933 State: Arkansas

Adjustable Variable Universal Life Insurance

Policy

TOI: L06I Individual Life - Variable SERFF Status: Closed-Approved- State Tr Num: 42130

Closed

Co Tr Num: VLO-0790-M2 Sub-TOI: L06I.002 Single Life - Flexible State Status: Approved-Closed

Premium

Filing Type: Form Reviewer(s): Linda Bird

Authors: Todd Beshara, Amy Disposition Date: 04/22/2009

Burchette, Andrea Sgobbo, Sandra

Davies, Dan Gallion, Grace Holland, Cindy Malloy, Leonja Merritt, Clara Pollard, Carrie Ruhlen, Georgia Sollars, Drema Wallace, EDS EDSSupport, Leslie

Hernandez, zSERFFStaff zIndustrySupportLS, Natalie Walden, Darcy Spangler

Date Submitted: 04/17/2009 Disposition Status: Approved-

Closed

Date Approved in Domicile:

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

### General Information

Project Name: Enhancement Benefit Correction Refie Status of Filing in Domicile: Pending

Project Number: VLO-0790-M2

Requested Filing Mode: Review & Approval **Domicile Status Comments:** 

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Group Market Size: Group Market Type:

Overall Rate Impact:

Filing Status Changed: 04/22/2009 Explanation for Other Group Market Type:

State Status Changed: 04/22/2009

Company Tracking Number: VLO-0790-M2

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: Individual Flexible Premium Adjustable Variable Universal Life Insurance Policy

Project Name/Number: Enhancement Benefit Correction Refie/VLO-0790-M2

Deemer Date: Created By: Leslie Hernandez

Submitted By: Leslie Hernandez Corresponding Filing Tracking Number:

Filing Description:

Nationwide is writing to inform your Department of an error discovered in the Policy Data Pages and the Statement of Variability for form VLO-0790-M2, approved by your Department on 07/09/2008, State Tracking # 39528.

We inadvertently omitted the Enhancement Benefit from page 3A of the Policy Data Pages under the Schedule of Benefits section.

The revision will include the following:

Guaranteed Minimum Enhancement Benefit - 0.10% of premium in policy year 1

The Policy Data Pages, VLO-0790-M2(A), have been updated with the correct information in order to make it consistent with the language contained on page 18 of the Policy. We have included a revised copy for your records.

On page 3 of the Statement of Variability under the Charges and Deductions section, we supplied the wrong reason for the Supplemental Insurance Rider Guaranteed Maximum Monthly per \$1,000 Rider Specified Amount Charge.

The revised reason will read as follows:

The actual guaranteed maximum monthly per \$1000 rider specified amount charge applicable to a particular Policy will be entered here and will vary by case. \$0.40 is the greatest amount per \$1,000 of Specified Amount that will ever be inserted.

We have updated the Statement of Variability and have attached an updated version for your review. The Policy Data Pages contain the correct information.

# **Company and Contact**

#### Filing Contact Information

Leslie Hernandez, Compliance Analyst hernal17@nationwide.com
One Nationwide Plaza, 1-33-102 614-677-1480 [Phone]
Columbus, OH 43215 614-249-1199 [FAX]

**Filing Company Information** 

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio

One Nationwide Plaza Group Code: 140 Company Type: 1-10-03 Group Name: State ID Number:

Company Tracking Number: VLO-0790-M2

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: Individual Flexible Premium Adjustable Variable Universal Life Insurance Policy

Project Name/Number: Enhancement Benefit Correction Refie/VLO-0790-M2

Columbus, OH 43215 FEIN Number: 31-4156830

(800) 882-2822 ext. [Phone]

-----

# **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Nationwide Life Insurance Company \$50.00 04/17/2009 27246926

Company Tracking Number: VLO-0790-M2

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: Individual Flexible Premium Adjustable Variable Universal Life Insurance Policy

Project Name/Number: Enhancement Benefit Correction Refie/VLO-0790-M2

# **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/22/2009	04/22/2009

Company Tracking Number: VLO-0790-M2

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: Individual Flexible Premium Adjustable Variable Universal Life Insurance Policy

Project Name/Number: Enhancement Benefit Correction Refie/VLO-0790-M2

# **Disposition**

Disposition Date: 04/22/2009

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: VLO-0790-M2

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: Individual Flexible Premium Adjustable Variable Universal Life Insurance Policy

Project Name/Number: Enhancement Benefit Correction Refie/VLO-0790-M2

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Individual Flexible Premium Adjustable		Yes
	Variable Universal Life Insurance Policy		

Company Tracking Number: VLO-0790-M2

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: Individual Flexible Premium Adjustable Variable Universal Life Insurance Policy

Project Name/Number: Enhancement Benefit Correction Refie/VLO-0790-M2

## Form Schedule

Lead Form Number: VLO-0790-M2

Schedule	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Item	Number			Data		
Status						
	VLO-0790-	Data/DeclarIndividual Flexible	Revised	Replaced Form #:		VLO-0790-
	M2(A)	ation PagesPremium Adjustable		VLO-0790-M2		M2(A) PDP
		Variable Universal		Previous Filing #:		revision-COI
		Life Insurance Policy		39528		Rider M2.pdf

#### POLICY DATA PAGE

The Policy Data Pages include information about this Policy as of the Policy Date based on information you provided us on the application including any supplemental applications. This Policy is adjustable meaning you can change the amount of coverage, death benefit option, and Rider elections subject to any applicable requirements. Post-issue Policy activity, such as Policy loans, partial Surrenders, and benefit changes (including Specified Amount increases and decreases, death benefit option changes, and Rider elections) will affect the Policy coverage. We will provide replacement Policy Data Pages reflecting any new benefit elections or coverage changes you make after the Policy Date, including changes to Surrender charge schedules and underwriting risk classification (including rate class, rate type, and any monthly flat extras).

#### POLICY ISSUE INFORMATION

Policy Number: [N000000000]

Policy Date: [January 1, 2009]

State of Issue: [Any State]

Underwriting Basis: [Non-medical]

INSURED'S INFORMATION

Insured: [John Doe]

Sex: [Unisex]

[ABC Corporation]

Issue Age: [35]

**Policy Owner:** 

Rate Class: [Standard]

**Rate Type:** [Non-Tobacco]

#### PREMIUM INFORMATION\*

**Minimum Initial Premium:** [\$1,428,571]

**Planned Premium Payment:** [\$1,428,571]

Planned Premium Frequency: [Annual]

**Minimum Additional Premium Payment:** \$25.00

\*This is a flexible Premium Policy. The Minimum Initial Premium must be paid before coverage begins. Premium payments after the Minimum Initial Premium are not required. The Planned Premium Payment and Planned Premium Payment Frequency are provided by you in the application to tell us how much and how frequently you intend to pay Premium. The actual amount and duration of Premium payments you are permitted to make may be limited in order to comply with Section 7702 of the Internal Revenue Code, as amended, to prevent the Policy from becoming a modified endowment contract, or by the terms of the Policy governing Specified Amount increases and the maximum death benefit.

You are not required to pay the planned Premium and the Policy may lapse even if you do; however, failure to pay Premiums as planned may increase the possibility of Policy lapse.

VLO-0790-M2(A) 3 (02/2009)

#### COVERAGE INFORMATION

**Specified Amount:** [\$38,254,435]

Minimum Specified Amount: \$100,000

**Death Benefit Option:** [1]

[Death Benefit Option 3

**Maximum Increase:** [\$4,000,000]

**Death Benefit Option 3** 

Interest Rate [2.00%]]

**Maturity Date\*:** [1/1/2072]

**Maximum Death Benefit:** [\$100,000,000] plus the Cash Value

Internal Revenue Code Life Insurance Qualification Test: [Guideline Premium/Cash Value Corridor Test]

#### SCHEDULE OF BENEFITS

Form				Cov	erage
Number	Bene	fit	Specified Amount	Start Date	End Date**
VLO-0790-M2	Individual Flexible Premium Ac	djustable Variable Universal			
	Life Insurance Policy				
	Initial Specified Amount		[\$100,000]	[1/1/2009]	[1/1/2072]
	Sex:	[Unisex]			
	Issue Age:	[35]			
	Rate Class:	[Standard]			
	Rate Type:	[Non-Tobacco]			
	Rate Class Multiple:	[1.00]			
	[Monthly Flat Extras:	[\$ / None]]		[0/0/0000]	[0/0/0000]
	[Monthly Flat Extras:	[\$ / None]]		[0/0/0000]	[0/0/0000]
	[Specified Amount Increase	e	[\$000,000]	[1/1/2011]	[1/1/2072]]
	Sex:	[Unisex]			
	Attained Age:	[35]			
	Rate Class:	[Standard]			
	Rate Type:	[Non-Tobacco]			
	[[Rate Class Multiple:	[1.00]]			
	[Monthly Flat Extras:			[0/0/0000]	[0/0/0000]
	[Monthly Flat Extras:			[0/0/0000]	[0/0/0000]]

**Guaranteed Minimum Enhancement Benefit:** 0.10% of Premium in Policy Year 1

VLO-0790-M2(A) 3A (02/2009)

<sup>\*</sup> Coverage may expire prior to the end of the period shown if the Premium paid is not sufficient to meet the requirements stated in the Continuation of Insurance section. Please see the Policy's Grace Period, Lapse, and Reinstatement Provision for additional information. If your Policy is still in force on the stated Maturity Date, and you have not elected otherwise, coverage will be extended but with changes to the Specified Amount and Death Benefit Option.

<sup>\*\*</sup> Coverage may expire prior to the end of the period shown if the Premium paid is not sufficient to meet the requirements stated in the Continuation of Insurance section of the Policy's Grace Period, Lapse, and Reinstatement Provision.

## SCHEDULE OF BENEFITS: RIDERS

Form				Cove	erage
Number	Ве	enefit	Specified Amount	Start Date	End Date
[VLO-0793-M2	Change of Insured Rider			[1/1/2007]	[1/1/2007]]
	[Change Date [1/1/2025]	]			
[VLO-0792-AO]	Supplemental Insurance Rid	er			
	[Rider Specified Amour	nt	[\$100,000]	[1/1/2009]	[1/1/2072]
	Sex:	[Unisex]			
	Issue Age:	[35]			
	Rate Class:	[Standard]			
	Rate Type:	[Non-Tobacco]			
	Rate Class Multiple:	[1.00]			
	[Monthly Flat Extras:	[\$ / None]]		[0/0/0000]	[0/0/0000]
	[Monthly Flat Extras:	[\$ / None]]		[0/0/0000]	[0/0/0000]

## **CHARGES AND DEDUCTIONS**

Guaranteed Maximum Service Fee:	\$25.00
Guaranteed Maximum Monthly per Policy Administrative Expense Charge:	\$10.00
Guaranteed Maximum Percent of Premium Charge:	[12.00%] of Premium paid in Policy Years 1-5, 5.50% of Premium paid in Policy Years 6 and beyond
Guaranteed Maximum Monthly per \$1,000 of Specified Amount Charge:	[\$0.40]
Guaranteed Maximum Variable Account Asset Charge:	[0.90% annual effective rate, 0.0024548% daily rate of the daily net assets allocated to the Variable Account]
Supplemental Insurance Rider - Guaranteed Maximum Monthly per \$1,000 Rider Specified Amount Charge:	[\$0.40]

Attained		Attained	t of Insurance Rates pe	Attained	
Age	Rate	Age	Rate	Age	Rate
18 18	0.068359029	61	0.844747090	107	55.423805584
19	0.070026965	62	0.944053074	108	60.491953688
20	0.070860944	63	1.051054702	109	66.132513304
21	0.070860944	64	1.164090915	110	72.284977281
22	0.071694931	65	1.281493774	111	78.819042656
23	0.072528926	66	1.402433770	112	83.333333333
24	0.073362928	67	1.530314772	113	83.333333333
25	0.075030956	68	1.666014701	114	83.333333333
26	0.078367103	69	1.817219678	115	83.333333333
27	0.080869293	70	1.993376629	116	83.333333333
28	0.080035222	70	2.206583564	117	83.333333333
29	0.079201159	72	2.453676912	118	83.333333333
30	0.079201139	73	2.716041079	119 and	83.333333333
31	0.078367103	73 74	2.998113689	above	03.333333333
32	0.080035222	74 75	3.306126652	auove	
33		75 76			
	0.082537459		3.653355205		
34	0.085873881	77	4.055061331		
35	0.090044581	78 70	4.518098899		
36	0.095049674	79	5.036357927		
37	0.100889298	80	5.624079375		
38	0.106729296	81	6.277249967		
39	0.113404040	82	6.970270065		
40	0.121748158	83	7.724901416		
41	0.131762112	84	8.565559315		
42	0.144281106	85	9.487213738		
43	0.158471383	86	10.515700662		
44	0.175168664	87	11.663156947		
45	0.192704111	88	12.884065205		
46	0.211078209	89	14.150077445		
47	0.226949737	90	15.313672602		
48	0.241152928	91	16.422577083		
49	0.258701111	92	17.720735685		
50	0.280432128	93	19.238000494		
51	0.307185131	94	21.006493056		
52	0.338964554	95	22.903263646		
53	0.375775669	96	24.832631444		
54	0.420973336	97	26.478554438		
55	0.471219346	98	27.802689842		
56	0.524007577	99	29.615496123		
57	0.575987859	100	31.695255258		
58	0.627997897	104	42.726629599		
59	0.687594373	105	46.566120655		
60	0.758993725	106	50.796277654		

Actual monthly cost of insurance rates per \$1,000 of Net Amount at Risk will be determined based on our expectations at to future experience. The actual cost of insurance rates will not be greater than the sum of the rates shown above and any additional amount charged for substandard rate classes. In no event will the guaranteed maximum monthly cost of insurance rate be greater than \$83.33 per \$1,000 of Net Amount at Risk.

#### **BASIS OF COMPUTATION**

Mortality: 2001 Commissioner's Standard Ordinary Mortality [Table B (80% Male /

20% Female)], [Non-Tobacco], Age Last Birthday

#### FIXED ACCOUNT

**Guaranteed Minimum Interest Crediting Rates (per annum)** 

**Fixed Account Investment Option:** 2.00% in all Policy Years (effective daily rate of 0.00542552%)

**LOANS** 

**Guaranteed Policy Loan Interest Rates (per annum)** 

Minimum Loan Interest Credited Rate: 2.00% in all Policy Years (effective daily rate of 0.00542552%)

**Maximum Loan Interest Charged Rate:** 3.50% in all Policy Years (effective daily rate of 0.0094255%)

## INTERNAL REVENUE CODE LIFE INSURANCE QUALIFICATION TEST TABLE

This Policy complies with section 7702 of the Internal Revenue Code under the [Guideline Premium/Cash Value Corridor Test / Cash Value Accumulation Test], which requires that the death benefit is greater than or equal to the product of the Enhanced Cash Value and the Applicable Percentages from the following table.

Attained Age of Insured	Applicable Percentage	Attained Age of Insured	Applicable Percentage
20.40	2500/	70	1150/
30-40	250%	70	115%
41	243%	71	113%
42	236%	72	111%
43	229%	73	109%
44	222%	74	107%
45	215%	75	105%
46	209%	76	105%
47	203%	77	105%
48	197%	78	105%
49	191%	79	105%
50	185%	80	105%
51	178%	81	105%
52	171%	82	105%
53	164%	83	105%
54	157%	84	105%
55	150%	85	105%
56	146%	86	105%
57	142%	87	105%
58	138%	88	105%
59	134%	89	105%
60	130%	90	105%
61	128%	91	104%
62	126%	92	103%
63	124%	93	102%
64	122%	94	101%
65	120%	95	101%
66	119%	96	101%
67	118%	97	101%
68	117%	98	101%
69	116%	99	101%
_	110/0	100 - 120	101% -

#### AVAILABLE INVESTMENT OPTIONS AND ALLOCATION OF NET PREMIUMS PAID

**<u>Variable Account</u>**: Nationwide VLI Separate Account - 4

Your investment options available as of the Policy Date are listed below. We may subsequently add or eliminate Sub-Accounts as described in the Variable Account Provision of the Policy. Your initial allocation to a Sub-Account and/or the Fixed Account is shown on a percentage basis.

	During Right to Examine Policy <u>Period*</u>	After Right to Examine Policy <u>Period</u>
NSAT Money Market Fund	10%	10%
XYZ Real Estate Fund	90%	90%
Fixed Account		
Nationwide Fixed Account	0%	0%
Total	100%	100%

<sup>\*</sup> We reserve the right to allocate any Premiums to a money market Sub-Account or, if no money market Sub-Account is available, the Fixed Account until the "Right to Examine and Cancel" period has expired. Upon expiration of the Right to Examine and Cancel period, we will allocate any Net Premiums paid according to the last direction we received from you.

Company Tracking Number: VLO-0790-M2

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: Individual Flexible Premium Adjustable Variable Universal Life Insurance Policy

Project Name/Number: Enhancement Benefit Correction Refie/VLO-0790-M2

# **Supporting Document Schedules**

Item Status: Status

Date:

Bypassed - Item: Flesch Certification

Bypass Reason: N/A

Comments:

Item Status: Status

Date:

Bypassed - Item: Application

Bypass Reason: N/A

**Comments:** 

Item Status: Status

Date:

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: N/A

Comments:

Item Status: Status

Date:

Satisfied - Item: Cover Letter

Comments: Attachment:

AR Correction Letter - CVUL.pdf

Item Status: Status

Date:

Satisfied - Item: Statement of Variability

Comments: Attachment:

VLO-0790-M2 Statement of Variability\_Revised 3-6-09.pdf



March 10, 2009

#### **CORRECTION FILING**

The Honorable Julie Benafield Bowman Insurance Commissioner Department of Insurance 1200 West Third Street Little Rock, AR 72201-1904

Re: Form VLO-0790-M2, Policy Data Pages for Individual Flexible Premium Adjustable Variable Universal

Life Insurance Policy, Non-Participating

APPROVAL DATE: 07/09/2008

State Tracking # 39528

Policy Data Page form VLO-0790-M2(A)

NAIC#: 66869

#### Dear Madam:

Nationwide is writing to inform your Department of an error discovered in the Policy Data Pages and the Statement of Variability for form VLO-0790-M2, approved by your Department on 07/09/2008, State Tracking # 39528.

We inadvertently omitted the Enhancement Benefit from page 3A of the Policy Data Pages under the Schedule of Benefits section.

The revision will include the following:

#### Guaranteed Minimum Enhancement Benefit - 0.10% of premium in policy year 1

The Policy Data Pages, VLO-0790-M2(A), have been updated with the correct information in order to make it consistent with the language contained on page 18 of the Policy. We have included a revised copy for your records.

On page 3 of the Statement of Variability under the Charges and Deductions section, we supplied the wrong reason for the Supplemental Insurance Rider Guaranteed Maximum Monthly per \$1,000 Rider Specified Amount Charge.

The revised reason will read as follows:

The actual guaranteed maximum monthly per \$1000 rider specified amount charge applicable to a particular Policy will be entered here and will vary by case. \$0.40 is the greatest amount per \$1,000 of Specified Amount that will ever be inserted.

We have updated the Statement of Variability and have attached an updated version for your review. The Policy Data Pages contain the correct information.

Home Office: One Nationwide Plaza • Columbus, Ohio 43215-2220

Thank you for your attention to this filing. Please feel free to call me at 1-800-882-2822 (ext. 99473) if you have any questions.

Sincerely,

Leslie Hernandez

Analyst

NF Regulatory Filings & Operations Team, 1-10-03 Phone: (614) 677-1480 Fax: (614) 249-1199

E-Mail: hernal17@nationwide.com

Leslie Herrandez

LH

**Enclosures:** 

1. Correction Letter

2. Revised Policy Data Pages for VLO-0790-M2

3. Statement of Variability

# Statement of Variability VLO-0790-M2

Policy Forms	Reason
Home office address and telephone	These items are bracketed on the policy form as they could possibly change over time.
number	
Nationwide Officer Signatures	These signatures are bracketed on the policy and rider forms as Officers could possibly change over time.

Policy Data Page 3	Reason
<ul> <li>Policy Issue Information</li> </ul>	Bracketed fields in this section are specific to each Policy and will be determined at issue
Policy Owner	Varies according to new issues. Will contain the name of the entity (company or trust) to which the Policy is issued.
Policy Number	Varies according to new issues
Policy Date	Varies according to new issues
State of Issue	Varies according to new issues
Underwriting Basis	Varies according to new issues, either Non-medical for Guaranteed Issue, or Medical for Regular Issue and Simplified Issue.
Insured's Information	Bracketed fields in this section are specific to each Insured
Insured	Varies according to new issues
Sex	For unisex issues, "Unisex" will appear in this field. For sex distinct issues, "Male" or "Female" will appear
	according to sex of the Insured.
Issue Age	Varies according to new issues, from a minimum of 18 to a maximum of 75.
Rate Class	Varies according to underwriting decision
Rate Type	Varies according to underwriting decision; either "Non-tobacco" or "Tobacco"
Premium Information	
Minimum Initial Premium	Varies according to the characteristics of the policy as issued
Planned Premium Payment	Varies according to elections of the Policy Owner
Planned Premium Frequency	Varies according to the election of the Policy Owner – Annual, Semi-Annual, Quarterly, or Monthly

Policy Data Page 3A	Reason
Coverage Information	Bracketed fields in this section vary based on elections of Policy Owner.
Specified Amount	The Specified Amount field will contain a dollar amount specific to each Policy owner and insured based on the
	applicable initial seven pay premium and the risk class of the insured.
Death Benefit Option Elected	Varies according to new issues; either 1 (Level), 2 (Increasing), or 3 (Return of Premium)
Death Benefit Option 3 Maximum Increase	This field will contain a dollar amount upon which the maximum death benefit for a particular Policy is based. The dollar amount will be negotiated by the Policy Owner subject to Nationwide's risk and reinsurance capacity at the time of issue. \$100,000,000 represents the largest dollar amount that will ever be inserted in this field.
Death Benefit Option 3 Interest Rate	Will only appear when Death Benefit Option 3 is elected. It will show the guaranteed rate at which the accumulated premium account grows which will vary based on the application and underwriting approval, maximum increase per year of \$4,000,000
Maturity Date	Varies based on the Issue Age of the Insured – the policy anniversary upon which the insured reaches attained age 100
Maximum Death Benefit	This field will contain a dollar amount upon which the maximum death benefit for a particular Policy is based. The dollar amount will be negotiated by the Policy Owner subject to Nationwide's risk and reinsurance capacity at the time of issue. \$100,000,000 represents the largest dollar amount that will ever be inserted in this field.
Internal Revenue Code Life Insurance	Varies as elected by the Policy Owner. Either "Guideline Premium/Cash Value Corridor Test" or "Cash Value
Qualification Test	Accumulation Test".
Schedule of Benefits	Varies according to benefits elected
Specified Amount	The Specified Amount shown here will be the same as shown in the Coverage Information section. It is reproduced here for the Policy Owner's convenience.
Coverage Start Date	Varies based on when a particular item of coverage becomes effective. The Coverage Start Date for the Policy will be the same as the Policy Date shown in the Policy Issue Information section. It is reproduced here for the Policy Owner's convenience. For changes in benefits, such as rider additions or Specified Amount increases, it will reflect the effective date of such addition or increase.
Coverage End Date	Varies based on the projected date an item of coverage will end. The Coverage End Date for the Policy will be same as the Maturity Date shown in the Coverage Information section. It is reproduced here for the Policy Owner's convenience.
Sex, Issue Age, Rate Class, and Rate Type	The information shown here will be the same as shown in the Insured's Information section. It is reproduced here for the Policy Owner's convenience.
Rate Class Multiple	This field varies by underwriting decision to reflect any sub-standard rating applied to determine the monthly cost of insurance rate per \$1,000 for the Insured. Numbers from 1-5 will appear. 1 is the minimum and represents no sub-standard rating. 5 is the maximum and represents a sub-standard rating Table P.
Monthly Flat Extra	This field will only appear as applicable to particular Policy and will reflect any additional flat dollar amount charged for hazardous occupation of activities of the Insured.
Specified Amount Increase	The Specified Amount increase section will only appear on Policy Data Pages issued after an increase is requested. Sex, Attained Age, Rate Class, Rate Type, Rate Class Multiples, Monthly Flat Extras fields will vary according to characteristics of the Insured and underwriting decisions applicable to the increase. The Rate Class Multiple and Monthly Flat Extra fields will only appear as applicable.

Policy Data Page 3B	Reason
Schedule of Benefits: Riders	
Coverage Start Date	Varies based on when a particular item of coverage becomes effective.
Coverage End Date	Varies based on the projected date an item of coverage will end.
Change of Insured Rider	Rider information will appear for Policy to which the rider applies.
Change Date	This field will only appear on reissued Policy Date Pages for Policies for which a change of Insured is made. The
	date the change is effective will appear.
Supplemental Insurance Rider	Rider information will appear for Policy to which the rider applies.
Rider Specified Amount	This field will contain a dollar amount specific to each Policy Owner and Insured.
Issue Age	Varies according to the Attained Age of the Insured when rider is elected, from a minimum of 18 to a maximum of 100.
Sex, Rate Class, Rate Type, and Rate Class Multiple	The information shown here will be the same as shown in the Insured's Information section.
Monthly Flat Extra	This field will only appear as applicable to particular Policy and will reflect any additional flat dollar amount charged for hazardous occupation of activities of the Insured.
Charges and Deductions	
Guaranteed Maximum Percent of	The actual guaranteed maximum percent of premium charge applicable to a particular Policy will be entered here
Premium Charge	and will vary by case. 12.00% is the greatest percentage that will ever be inserted.
Guaranteed Maximum Monthly per	The actual guaranteed maximum monthly per \$1,000 of Specified Amount Charge applicable to a particular Policy
\$1,000 of Specified Amount Charge:	will be entered here and will vary by case. \$0.40 is the greatest amount per \$1,000 of Specified Amount that will ever be inserted.
Guaranteed Maximum Variable Account Asset charge	This field will vary based on election of the Policy Owner to have this charge deducted monthly or daily. The monthly or daily equivalent rate to the 1.75% (static) annual rate will appear as applicable.
Supplemental Insurance Rider-	The actual guaranteed maximum monthly per \$1,000 rider specified amount charge applicable to a particular Policy
Guaranteed Maximum Monthly per \$1,000 Rider Specified Amount Charge	will be entered here and will vary by case. \$0.40 is the greatest amount per \$1,000 of Specified Amount that will ever be inserted.
Policy Data Page 3C	Reason
Table of Guaranteed Maximum	The values in this table will vary by underwriting type (medical / non-medical), rate class, and sex of the Insured.
Monthly Cost of Insurance Rates per	
\$1,000 of Net Amount at Risk	
Policy Data Page 3D	Reason
Mortality	The mortality basis of computations will vary based on the type of underwriting applicable to a case. The basis shown will apply to Polity non-medically underwritten. For medically underwritten Policy, the following information will appear as applicable: 2001 Commissioner's Standard Ordinary Mortality Table A (100% Male/0% female), Non-Tobacco, Age Last Birthday.

Policy Data Page 3E	Reason
Internal Revenue Code Life Insurance	This field will vary according to life insurance qualification test election of the Policy Owner, either Guideline
Qualification Test name	Premium/Cash Value Corridor Test, or Cash Value Accumulation Test.
Internal Revenue Code Life Insurance	The actual table and percentage applicable based on the qualification test elected by the Policy Owner
Qualification Test Table	
Policy Data Page 3F	Reason
Policy Data Page 3F  • Available Investment	Reason
<u> </u>	Reason
Available Investment	Reason
Available Investment     Options and Allocation of	Reason  Varies according to investment options elected by the Policy Owner